

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101564794

FILING DATE
12.11.06

CLAIMS

	AS FILED		AFTER 1 st AMENDMEN		AFTER 2 nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1				
3	1					
4	1					
5						
6						
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	0	←	←	
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 st AMENDMEN		AFTER 2 nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	0	←	←	
TOTAL CLAIMS			1			